

NOA# 12710



United States

OMB Control No. 2070-0020
Expires on 11/30/2016**ENVIRONMENTAL PROTECTION AGENCY**

Washington, DC 20460

Notice of Arrival of Pesticides and Devices

TOPE NOV 18 2015

Send Completed Form to Appropriate Regional Office Listed in the Instructions for this Form.

Note: Read Instructions before completing form.

Part 1: To Be Completed by Importer of record or Licensed Customs Broker

1. Name and Complete Address of Licenced Customs Broker (b) (4)		2. Name and Complete Address of Importer of Record (b) (4)	
<input checked="" type="checkbox"/> Return Form to this Address		<input type="checkbox"/> Return to this Address	
3. Name and Complete Address of Shipper (b) (4)		4. EPA Registration Number 35915-14	5. EPA Producer Establishment No. 83059-CHN-001
		6. Brand Name of Product Atrazine Technical II	
7. Active Ingredients and Percentage of Each Atrazine (2-chloro-4-ethylamino-6-isopropylamino-s-triazine) – 96%			
8. Unit Size (b) (4)	9. Quantity (b) (4)	10. Total Net Weight (b) (4)	11. Country of Origin (b) (4)
12. Port of Entry (b) (4)		13. Name and Complete Address of Carrier (b) (4)	
14. Entry Number (b) (4)	15. Anticipated Entry Date (b) (4)		
17. Location of Goods for Examination after Importation (b) (4)		16. I assert that Information constituting Confidential Business Information is shown in the above blocks numbered: (Note: Blocks 4, 5, 6 and 7 are not entitled to CBI treatment—see instructions.) (b) (4)	
(b) (4) pesticides without an EPA Registration No., select all that apply: (The following information may expedite the Notice of Arrival.) <input type="checkbox"/> e transferred between registered establishments operated by the same producer. Domestic Producer Establishment <input type="checkbox"/> e transferred between registered establishments not operated by the same producer. Domestic Producer Establish- EPA Registration Number of Product being Formulated, If applicable: _____ <input type="checkbox"/> e distributed under an Experimental Use Permit. Experimental Use Permit Number: _____			

EPA Registration Number: 35915-14 (b) (4)	Product Name: Atrazine Technical II
(b) (4)	
(b) (4) [redacted] used for research and development purposes without an Experimental Use Permit. [redacted] used solely for export. Domestic Producer Establishment Number: _____ [redacted] used under an emergency exemption. Emergency Exemption Number: _____ [redacted] used for the purposes of disposal. [redacted] explanation including the intended use and a description of why the product is being imported into the United States.	
19. Remarks. Provide additional information here. It is recommended that a copy of the label affixed to the product be submitted with the NOA. <div style="border: 1px solid black; height: 60px; width: 100%;">(b) (4)</div>	
Certification	
I certify that the statements I made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.	
20. Printed Name of Importer of Record or Licensed Customs Broker	(b) (4) Telephone No.: (b) (4)
21. Signature of Importer of Record or Licensed Customs Broker:	(b) (4) Date: (b) (4)
Action to be taken by U.S. Customs and Border Protection: <input checked="" type="checkbox"/> Release Shipment <input type="checkbox"/> Detain for inspection <input type="checkbox"/> Release shipment to consignee under bond. Shipment must be held intact pending inspection. <input type="checkbox"/> Other. (Specify) _____	
Remarks:	
Signature and Title of EPA Official: <i>[Signature]</i>	Date: 11/18/15
Part III: To Be Completed by U.S. Customs and Border Protection	
The information shown in Part I was compared with the entry papers for this shipment and no discrepancies were noted. The shipment was handled as instructed by EPA in Part II. Any deviations should be brought to the attention of EPA before releasing the shipment and should be noted in "Remarks."	
Remarks:	
Signature of District Director of Customs:	Date:

Paperwork Reduction Act Notice: The estimated average time to read the instructions and complete this form is 26 minutes. Send comments regarding the burden estimates or any other aspect of this collection of information to: Director, Collection Strategies Division, Office of Environmental Information (OEI), U.S. Environmental Protection Agency (Mail Code 2822), 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include OMB number 2070-0020 in any correspondence.